59-014774 THE DIVISION OF HEALTH OF MISSOURI Health, STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER
Registra No. 2852 Welfare Public Service 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1." PLACE OF DEATH a. COUNTY b. COUNTY Missouri St.LottIs" 300 1-57 b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits OR Yes No 🗌 Lemay St.Louis TOWN TOWN c. FULL NAME OF (If NOT in hospital, give location) | Length of stay in 1b d. STREET (If outside, give location) Reside on Farm ADDRESS 256 Pardella ave. HOSPITAL OR Alexian Brothers Hosp. 9 Wks Yes No 😿 INSTITUTION . 3. NAME OF DECEASED First Middle Last 4. DATE Year March 19,1959 (Type or print) OF Busiek J. Edward DEATH 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX COLOR OR RACE 7. MARRIED X NEVER MARRIED Months Days Male White December 22,1890 WIDOWED 1 DIVORCED 11. BIRTHPLACE (City and state or country) 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? Laborer -- Retired Civil Service Mehlville, Mo. USA 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME Katherine Meister Emma Dietrich EBusiek 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (To no, or unknown) (If saying war or dates of service) 256 Pardella ave. Lemay, Mo. 495-21-3846Mrs.Emma Busiek 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. WAS AUTOPSY PERFORMED? YES 🔼 NO 🗌 SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT 20c. TIME OF Hour Month, Day, Year 177+ INJURY p.m. 20f. CITY, TOWN, OR LOCATION COUNTY STATE 204. INJURY OCCURRED 20a. PLACE OF INJURY (e.g., in or about home, farm, uctory, street, office bldg., etc.) WHILE AT ONT WHILE WORK AT WORK and last saw him alive on 21. I attended the deceased from m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 22b. ADDRESS 22c. DATE SIGNED 220. AGNATURE 23d. LOCATION (City, town, or county) 23¢. NAME OF CEMETERY OR CREMATORY (State) Mehlville, Mo. Warch 23,1959 New St. Johns Cemetery 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIENATUR ADDRESS Hoffmeister Mortuaries S Broadway (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme	
by me, or by	, Student Embalmer No
working under my personal supervision.	1 17
Student	Signed Signed Super No. 4764

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

P. O. Address ... St. Loa. is. Illa.